

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Suicide Rate Normal in Spite of Depression

Contrary to expectations, the California suicide rate for 1931, remained almost the same as the 1930 suicide rate. In 1930 the rate was 26.3 per 100,000 population and in 1931 the rate was 26.8 per 100,000 population. There were 1509 suicides in California in 1930 and 1598 in 1931. This would indicate that Californians are meeting unfavorable economic conditions with courage and that financial difficulties constitute a negligible factor in California suicides.

It would seem that the phenomenon of suicide may be based generally upon causes which are more fundamental. It would seem that mental disease may be more often associated with suicide than mere temporary disappointments. As a matter of fact, little is known about these phenomena. It is a fact, however, that most suicides in this State occur among single men, past middle age, who have no home ties or responsibilities. The cities which maintain highest suicide rates are the centers where casual laborers congregate. Suicide rates are high also in some of the cities to which invalids flock from other states. Such individuals often arrive in California communities in advanced stages of illness, without funds, and completely cut off from home ties. The combination of incurable illness and complete lack of funds often leads to self-destruction. For these reasons and for other reasons which are unknown, suicide rates in a few California cities are exceptionally high and during past years some of these cities have main-

tained the highest suicide rates of any cities in the United States.

In 1931 Bakersfield, with a rate of 44.5, had the highest suicide rate of any city in California. Sacramento, with a rate of 44.2, was next highest and San Diego, with a rate of 43.9, was next highest. San Francisco had a rate of 38.0, Stockton 34.7, Riverside 32.3, San Bernardino 30.1, Oakland 28.7. All other cities in California had suicide rates which were lower than the State rate of 26.8.

Comparatively few suicides occur in the country districts. Out of 1598 suicides in California in 1931, almost half, 686, occurred in the cities of Los Angeles, San Francisco, Oakland, Sacramento and San Diego.

Relatively few women commit suicide. In 1931, out of a total of 1598 suicides, 1311 were males and 287 females. This ratio between the sexes is the same that has prevailed during a long period of years.

Firearms continue to be the most popular means of self-destruction, with poison second choice, followed by hanging or strangulation, poisonous gas and cutting or piercing instruments following in the order named. There were fewer suicides caused by poisonous gas in 1931, 175 having been due to that cause in 1930, as compared with 148 in 1931. This is undoubtedly due to the fact that the natural gas which is now supplied to most communities in California contains little or no carbon monoxide. The natural gas is much less dangerous to inhale than was the manufactured gas which was formerly supplied.

PRESENT STATUS OF DIPHTHERIA IMMUNIZATION

In the March, 1932, issue of International Medical Digest, there appears an article entitled "The Newer Conception of Diphtheria Immunization," which should be read by all health officers. It represents a complete summary of the present status of this important procedure. The conclusions which appear at the end of the article are reprinted here.

Experience and an examination of the recent literature seem to justify the following conclusions:

1. All children excepting those showing decided allergic tendencies should be given the benefit of active immunization against diphtheria during the pre-school age (6 months to 6 years) without a preliminary Schick test.

2. The best means of accomplishing this is by the administration of not less than two or not more than three 1-cc. doses of diphtheria toxoid (Ramon anatoxin) at intervals of three weeks.

3. Children of the school age and adults show more local and general reactions to the bacterial protein of toxoid, so that an intradermal test for sensitiveness should be performed before administering the immunizing injections. If evidence of sensitiveness appears within three days after the intradermal test, the doses of toxoid should be altered and given as follows: 0.1, 0.25, 0.5, 1, and 1 cc. of diphtheria toxoid at intervals of one week, instead of three weeks.

4. The great susceptibility of the pre-school child justifies the elimination of the preliminary Schick test, but it is desirable to perform a preliminary test on older children, especially in urban communities where the opportunity is favorable for acquiring active immunity from exposure to attenuated infections.

5. Rural children show a greater susceptibility to diphtheria, as indicated by more Schick positives, than city children.

6. It is believed that toxoid will soon replace toxin-antitoxin as an immunizing agent. Toxoid is from 20 to 30 per cent more effective, even in only two doses, it contains no serum to sensitize to later therapeutic sera, it contains no free toxin, it is more stable, and is not affected by freezing.

7. Toxin-antitoxin should be protected against freezing, which is especially likely with modern electrical refrigeration.

8. In the newer conception of diphtheria immunization, it is believed that many of the difficulties which occur in the developmental period of every new departure have been overcome. While the whole procedure of active immunization has been greatly simplified, it is still necessary to use a certain amount of discrimination, and the application of the methods should remain in the hands of physicians, and should not be entrusted to their subordinates. Moreover, it behooves the physician to put forth every effort to inform himself concerning the latest developments, possibilities, and limitations of active immunization against diphtheria.

EXAMINATION FOR INSPECTOR OF SCHOOLS OF NURSING ANNOUNCED

The Division of Personnel and Organization of the State Department of Finance has set May 7 as the tentative date for an examination to provide a list of eligibles for the position of inspector of schools of nursing with the California Department of Public Health.

Applications for this examination should be addressed to the State Civil Service Commission, Division of Personnel and Organization, State Department of Finance, Sacramento.

GOVERNOR ROLPH NAMES MAY DAY AS CHILD HEALTH DAY

Executive Department,
State of California.

PROCLAMATION

To the People of the State of California:

The children of California today will be the citizens of California tomorrow and upon them will rest the future responsibilities and duties of government. In order that they may be prepared for these responsibilities their rights to good homes, good food and healthy bodies must be respected. To provide for the welfare of our children is a solemn obligation and in order that the people of our favored State may better realize this obligation I hereby proclaim May first, 1932, as Child Health Day to be observed fittingly throughout the State of California.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this fifth day of April, A. D., 1932.

JAMES ROLPH, JR.,
Governor of California.

MILK SCORES IN PALO ALTO MAKE RECORD

On four consecutive occasions Palo Alto's milk score has exceeded the 98 point, a record which is unexcelled in any city of California, according to D. A. Cordray, who, with A. W. Hayes, has just completed another surprise test of the products of local dairy distributors. Both Cordray and Hayes are officials of the State Department of Agriculture.

The average score of milk, in the test completed today, is 98.3 which is the score made on the previous occasion. The highest rating on record in California is 98.4, made by Palo Alto a year ago.

Per capita consumption of milk in Palo Alto is about double the average in the State, the two State officials said.

Cordray and Hayes expressed satisfaction with the Palo Alto record, declaring that it indicates efficient dairy control work under the supervision of W. E. Tomson, local dairy inspector, and Louis Olsen, health officer.

One of the chief aims of treatment is to keep the resistance of the body cells high so that the tubercle bacilli can not escape and become implanted in new tissue.—F. M. Pottenger.

INVESTIGATION INTO PSITTACOSIS

The California Department of Public Health is making an extensive investigation into the outbreak of psittacosis which has occurred in California beginning last October. A total of 37 proven and suspected cases has occurred in this State since October, 1931. Of these, 28 have been proven and 9 are awaiting laboratory reports for confirmation. All of these individuals had known contact with parrots, parakeets, or love birds, with the exception of one. Two nurses who suffered from the disease possibly had remote contact with birds by passing through the yard where the birds were, but these nurses also attended fatal cases of psittacosis and their cases may have been two secondary cases. Fourteen individuals who have suffered from the disease were connected with commercial aviaries.

EXAMINATION FOR CANNERY INSPECTORS ANNOUNCED

The Division of Personnel and Organization of the State Department of Finance has announced an examination for cannery inspectors under the California Department of Public Health, to be held Saturday, May 14.

All applications for this examination should be made to the State Civil Service Commission, Division of Personnel and Organization, State Department of Finance, at Sacramento.

ANNOUNCE EXAMINATION FOR LABORATORY TECHNICIANS

The next examination of laboratory technicians for certificates of proficiency will be held Monday, May 23, in Los Angeles. The Berkeley examination will be held at about the same time, and the exact date will be communicated to those who have applications on file as soon as the time is definitely set. Anyone wishing to take these examinations should apply to Dr. W. H. Kellogg, Division of Laboratories, Berkeley, for application forms. These forms should be filled out and mailed so that they will reach Berkeley by Thursday, May 19.

Where education has been entirely neglected or improperly managed, we see the worst passions ruling with uncontrolled and incessant sway. Good sense degenerates into craft, and anger rankles into malignity. Restraint, which is thought most salutary, comes too late, and the most judicious admonitions are urged in vain.—S. Parr.

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
BOTULISM	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PEUNOMIA (Lobar)
COCCIDIOIDAL GRANULOMA	POLIOMYELITIS
DENGUE	RABIES (Animal)
DIPHTHERIA	RABIES (Human)
DYSENTERY (Amoebic)	RELAPSING FEVER
DYSENTERY (Bacillary)	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SEPTIC SORE THROAT
FOOD POISONING	SMALLPOX
GERMAN MEASLES	SYPHILIS*
GLANDERS	TETANUS
GONOCOCCUS INFECTION*	TRACHOMA
HOOKWORM	TRICHINOSIS
INFLUENZA	TUBERCULOSIS
JAUNDICE (Infectious)	TULAREMIA
LEPROSY	TYPHOID FEVER
MALARIA	TYPHUS FEVER
MEASLES	UNDULANT (Malta) FEVER
MENINGITIS (Meningococcic)	WHOOPING COUGH
MENINGITIS (Cerebrospinal)	YELLOW FEVER
MUMPS	

QUARANTINABLE DISEASES

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

Therefore, when we build, let us think that we build—forever. Let it not be for present use alone, let it be such work as our descendants will thank us for, and let us think, as we lay stone on stone, that a time is to come when those stones will be held sacred because our hands have touched them and that men will say as they look upon the labor and the wrought substance of them, "See! this our fathers did for us."—John Ruskin.

MORBIDITY*

Diphtheria.

62 cases of diphtheria have been reported, as follows: Alameda County 2, Oakland 1, Fresno County 1, Bakersfield 1, Los Angeles County 4, Compton 1, Inglewood 2, Los Angeles 32, Pomona 1, Santa Monica 2, Lynwood 1, South Gate 2, Bell 1, Orange County 1, Riverside County 2, Riverside 1, Sacramento 1, San Diego 2, San Francisco 1, Solano County 1, Tulare County 1, Visalia 1.

Scarlet Fever.

161 cases of scarlet fever have been reported, as follows: Alameda 1, Oakland 4, Butte County 3, Richmond 4, Del Norte County 2, Fresno County 1, Fresno 3, Humboldt County 1, Kern County 3, Los Angeles County 16, Alhambra 1, Compton 1, Glendale 1, Huntington Park 2, Inglewood 7, Long Beach 1, Los Angeles 58, Manhattan 2, Pasadena 6, Redondo 1, Santa Monica 2, Whittier 2, South Gate 2, Signal Hill 1, Madera

*From reports received on April 11th and 12th for week ending April 9th.

County 1, Salinas 1, Santa Ana 2, Sacramento 2, San Diego 3, San Francisco 3, San Luis Obispo County 3, Arroyo Grande 1, San Luis Obispo 1, San Mateo County 2, Santa Barbara County 2, Santa Barbara 1, San Jose 4, Santa Clara 1, Willow Glen 1, Turlock 1, Sutter County 3, Tulare County 2, Visalia 1, Ventura 1.

Typhoid Fever.

10 cases of typhoid fever have been reported, as follows: Oakland 1, Contra Costa County 1, Manhattan 1, Lynwood 1, Sacramento County 2, San Diego 1, San Francisco 2, San Joaquin County 1.

Measles.

534 cases of measles have been reported, as follows: Alameda County 2, Alameda 1, Berkeley 1, Oakland 7, Chico 2, Calaveras County 1, Angels Camp 1, Colusa County 1, Contra Costa County 2, Concord 8, El Cerrito 2, Richmond 7, Walnut Creek 1, El Dorado County 9, Eureka 1, Los Angeles County 5, Huntington Park 1, Long Beach 1, Los Angeles 9, South Gate 2, Madera County 1, Madera 29, Ross 1, Sausalito 1, Gustine 1, Monterey County 1, Salinas 1, Huntington Beach 1, Plumas County 1, Sacramento 51, San Diego 1, San Francisco 217, San Joaquin County 40, Lodi 1, Stockton 58, Santa Barbara County 4, Lompoc 2, Santa Barbara 2, Santa Clara County 3, Palo Alto 1, Solano County 2, Rio Vista 1, Stanislaus County 11, Tehama County 4, Red Bluff 20, Tulare County 3, Dinuba 4, Yolo County 7, Woodland 1.

Whooping Cough.

375 cases of whooping cough have been reported, as follows: Alameda 15, Berkeley 5, Oakland 29, Piedmont 5, Contra Costa County 1, Concord 2, Los Angeles County 17, Alhambra 4, Beverly Hills 1, Glendale 5, Inglewood 3, Long Beach 9, Los Angeles 31, Monrovia 1, Pasadena 16, Pomona 8, San Fernando

1, San Marino 1, South Pasadena 9, Whittier 7, Lynwood 1, South Gate 3, Marin County 2, San Rafael 7, Sausalito 1, Orange County 5, Brea 1, Santa Ana 4, Tustin 1, Riverside County 11, Sacramento 5, San Diego County 13, Chula Vista 11, San Diego 41, San Francisco 14, San Joaquin County 7, Stockton 5, San Luis Obispo County 19, Paso Robles 4, San Luis Obispo 6, Santa Barbara County 13, Santa Barbara 6, Santa Maria 7, Santa Clara County 2, Palo Alto 11, San Jose 3, Sonoma County 1, Ventura 1.

Smallpox.

7 cases of smallpox have been reported, as follows: Los Angeles 5, San Francisco 2.

Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Oakland 1, Los Angeles 1, San Bernardino 1, San Francisco 1, Willow Glen 1.

Food Poisoning.

12 cases of food poisoning have been reported, as follows: Los Angeles County 4, Santa Monica 1, San Francisco 7.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Los Angeles County 2, Monterey Park 1.

Septic Sore Throat.

One case of septic sore throat from Benicia has been reported.

Psittacosis.

Two cases of psittacosis from Pasadena have been reported.

Dengue.

One case of dengue from Los Angeles has been reported.

COMMUNICABLE DISEASE REPORTS

Disease	1932				1931			
	Week ending			Reports for week ending April 9 received by April 12	Week ending			Reports for week ending April 11 received by April 14
	Mar. 19	Mar. 26	April 2		Mar 21	Mar. 28	April 4	
Actinomycosis	0	1	0	0	0	0	0	0
Chickenpox	1,096	679	1,010	1,047	657	526	441	557
Coccidioidal Granuloma	0	2	0	0	1	1	0	0
Dengue	0	0	0	1	0	0	0	0
Diphtheria	92	65	59	62	50	37	58	70
Dysentery (Amoebic)	3	1	1	1	4	2	0	1
Dysentery (Bacillary)	5	2	0	0	2	2	1	1
Encephalitis (Epidemic)	1	0	1	0	2	1	1	0
Erysipelas	24	11	11	21	22	12	25	21
Food Poisoning	8	0	0	12	6	12	3	0
German Measles	27	16	28	13	14	23	17	21
Gonococcus Infection	127	131	156	258	111	107	124	100
Hookworm	0	1	0	0	0	0	1	0
Influenza	140	114	92	62	450	1,016	146	100
Jaundice (Epidemic)	0	1	1	0	1	0	0	5
Leprosy	0	0	0	0	1	1	0	0
Malaria	0	1	0	0	1	0	0	0
Measles	561	458	686	534	1,449	1,894	1,322	1,532
Meningitis (Epidemic)	3	4	3	5	3	5	10	7
Mumps	251	166	204	175	369	378	236	372
Paratyphoid Fever	0	0	1	0	1	0	0	0
Pellagra	3	0	0	1	0	1	1	3
Pneumonia (Lobar)	76	60	77	60	89	131	70	50
Poliomyelitis	3	0	4	0	2	2	3	4
Psittacosis	0	1	0	2	0	0	0	0
Rabies (Animal)	13	17	9	9	29	33	14	27
Scarlet Fever	167	148	160	161	153	168	139	111
Septic Sore Throat	2	0	3	1	4	0	5	7
Smallpox	8	24	14	7	36	53	39	42
Syphilis	191	189	229	303	170	146	222	183
Tetanus	2	1	0	1	1	2	1	0
Trachoma	7	3	8	3	8	0	1	1
Trichinosis	1	0	2	0	0	0	0	2
Tuberculosis	218	220	222	232	214	229	250	161
Typhoid Fever	5	9	9	10	7	7	8	10
Undulant Fever	0	0	2	3	1	3	1	5
Whooping Cough	312	202	361	375	343	300	222	403
Totals	3,346	2,527	3,353	3,359	4,201	5,092	3,361	3,796

Chickenpox continues its widespread prevalence.

Influenza continues to recede.

Two cases of psittacosis were reported last week.

Whooping cough shows an increase.